



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Newbridge Respite Centre
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0003448
Fieldwork ID:	MON-0025760

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre is a respite centre for adults with primarily physical disabilities and can accommodate respite breaks for up to five adults at a time. The accommodation comprises of five wheelchair accessible apartments with an en-suite, bathroom, kitchen and patio area. The apartments are accessed internally from an enclosed corridor and externally from an open courtyard. There is a communal kitchen and sitting room, utility room, a laundry room a reception area on entrance to main building, a staff bedroom and staff office, a quiet room (for staff), a general office, and three toilets one of which is wheelchair accessible. The person in charge is employed on a full-time basis for this centre. Furthermore, there are two senior care support workers, twelve care support workers, one administrator and one maintenance person employed in this centre. There is currently no vehicle available to this service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
28 November 2018	11:00hrs to 18:00hrs	Jacqueline Joynt	Lead

## Views of people who use the service

On the day of inspection there were four adults residing in the centre for a respite break. The inspector met with all four adults throughout different times of the day however, spoke in detail with two of the residents in the privacy of their individual apartments and listened to their views on the designated centre.

The residents advised the inspector that they enjoyed their respite breaks in the centre and that they were happy with the service provided to them. The residents stated that they received help and support when required from the staff and that they were very fond of the staff and were happy with the way they cared for them.

Residents said that they enjoyed the meals provided by the service but also had the opportunity to enjoy snacks in the comfort of their own individual apartments if they so wished.

Residents advised the inspector that they knew what to do and where to go in case of a fire emergency.

The residents seemed content and comfortable in their environment and the inspector observed that there was a friendly atmosphere in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

However, as per previous inspection in May 2018 a number of residents commented that external activities are often limited when the weather is poor due to lack of accessible transport.

## Capacity and capability

The inspector found that overall, the registered provider was effective in assuring that a good quality and safe service was provided to residents. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to.

For the most part, governance systems in place provided assurances that service delivery was safe and effective through on-going auditing and monitoring of the centre's performance. Further to the six monthly unannounced reviews being carried out, senior management carried out various clinical, quality and safety reviews of the centre on a regular basis to ensure better outcomes for residents. However,

improvements were required to ensure the service was effectively monitored at local level.

The person in charge had commenced in their role in June 2018. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents. There was evidence to demonstrate that the person charge was competent, with appropriate skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The inspector found that staff had the necessary competencies and skills to support the specific needs of residents in the centre and had developed therapeutic relationships with the residents. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the residents. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day.

Overall, staff had received mandatory training however, some training was outstanding but due to be completed in the next five weeks. One to one supervision meetings, which support staff perform their duties to the best of their ability, had been carried out by the person in charge and staff advised the inspector that these meetings were beneficial to their practice.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. However, the inspector found that improvements were required to ensure residents and visitors were aware of who the complaint officers were. Furthermore, the new complaints template which had been provided after the last inspection had not been fully implemented.

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice however, on the day of inspection

not all staff training was up to date.

On the day of inspection, the inspector was provided information demonstrating that all outstanding training would be completed within the first three days in January 2019.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was no documented evidence of local audits being carried out by the person in charge to ensure that the service was effectively monitored.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

On the day of inspection the statement of purpose was not in line with the service being delivered due to a number of errors relating to staff, management structure and transport services available. However, post inspection the provider submitted an updated version of the statement of purpose with required information.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Overall, the person in charge had insured that incidents were notified to HIQA in the required format, within the specified time-frame and that the necessary information was submitted. However, on the day of inspection it was found that a number of environmental restrictive practices relating to a number of internal doors had not been included on the recently submitted NF39.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was no identifiable information regarding the complaints officer or advocacy information available in the communal area of the centre. Furthermore the

complaints policy was out of date.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents' well-being and welfare was maintained to a good standard and that there was a visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Care and support provided to residents was of good quality however, some improvements were required and in particular relating to fire evacuation procedures.

The residents' personal plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices throughout their respite stay. The inspector looked at a sample of personal plans of residents currently availing the respite service and overall, found them to be up-to-date and reviewed appropriately however, a number of gaps were found throughout some of the plans.

For the most part during their respite stay, residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations. There was a system in place to ensure the assessed needs of the resident were updated where appropriate each time a resident availed of the respite service; before and on arrival, residents discussed with staff any changes to their needs and if new supports were required. Alongside this, residents also discussed with staff how they would like to spend their time during their stay and the activities they would like to take part in.

Residents enjoyed in-house activities such as karaoke, bingo, table football, baking, listening to music and playing darts. External activities were also available to residents such as going to the cinema, to restaurants, hairdressers and the local shopping centre. However due to lack of accessible transport, external activities were limited for some residents when the weather was bad.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents during their respite stay in the house.

The inspector found that the fire fighting equipment and fire alarm system were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. However, the inspector found that on the day of inspection the simulated evacuation procedure for the centre was not fit for purpose. Further to this a number of improvements were required to the documentation associated with fire evacuation.

Procedures were in place for the prevention and control of infection. These procedures were ensured by daily cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, an improvement was required to rid some areas of the potential risk of infection.

### Regulation 12: Personal possessions

Residents retained access and control over their own belongings, where possible and were supported to bring their own belongings into their rooms during their respite stay.

Judgment: Compliant

### Regulation 13: General welfare and development

Overall, residents' had opportunities to participate in activities however, due to lack of accessible transport not all residents could avail of community activities as often as they would of liked.

This issue has been on-going since the last inspection however, on the day of inspection the service received a letter stating that part-funding had been allocated for an accessible vehicle.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Overall, protection against infection was effectively and efficiently managed in the centre however, the inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped paint on a number of door frames throughout the building.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire.

The inspector found no evidence to demonstrate that the evacuation procedure for simulated fire drills (with least amount of staff and all of the residents) had taken place. However, on the day of inspection the person in charged carried out a simulated evacuation and was assured that residents could be evacuated from the building within a safe time.

There was no clear escape route displayed in the centre.

The centre's evacuation plan had errors within the text, was unclear and difficult to follow.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Overall, personal plans sampled reflected residents' assessed needs where appropriate and outlined the support required to meet their individual needs and choices. However, a number of gaps were found in some residents information pages and where residents did not want to provide this information this had not been documented.

Furthermore, in relation to activities, contracts of care did not clearly demonstrate what was provided by the service and what was to be paid for by the resident.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

#### **Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training took place in the service on January 2019 and all staff were trained in:</p> <ul style="list-style-type: none"> <li>- Positive Behaviour Support 4/1/19</li> <li>- Fire Warden 7/1/19</li> <li>- Safeguarding 4/1/19</li> <li>- First Aid 3/1/19</li> <li>• Below trainings will be completed by 28 February 2019</li> <li>- Money Management by 28 February 2019</li> <li>- 2 people for Medication Management on 15 February 2019</li> <li>• The Person in Charge has developed a training plan for 2019 and will review monthly to ensure training is up to date and anticipate future training needs.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A system of Person in Charge service audits was implemented in January 2019. This will be reviewed monthly by the Regional Manager and by the Quality/Clinical Partners to ensure it is sustained. Completed.</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• An updated Statement of Purpose was submitted to HIQA inspector on 3 December 2018. Completed.</li> <li>• The Person in Charge has reviewed and updated the Statement of Purpose in January 2019 and will continue to update according to changes. Completed.</li> </ul>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Risk Assessments will be updated by Cheshire Ireland Health and Safety Manager to cover locked doors of staff room/laundry/maintenance store/admin office/staff sleepover room and will be reviewed depending on the risk rating by the Health and Safety Manager. Date of Completion: 18 February 2019.</li> <li>• Locked doors will be notified to HIQA on quarterly NF39s as environmental restrictions. April 30, 2019.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• Cheshire Ireland Complaints Policy is in date and due for review 30/6/19 (please see attached). The hard copy of this policy that is held in the service's policy folder was mistakenly the older version and has now been replaced with the correct version. Completed.</li> <li>• Identifying picture and details of the Complaints Officers have been posted in the Centre including in communal areas along with information about how to make a complaint. Completed.</li> <li>• Advocacy information is being updated and will be available in communal areas and in each guest room. Date of Completion: 15 February 2019</li> </ul>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• Cheshire Ireland Executive Team has approved additional funding to top up the €7,000 lottery grant funding received for purchase of an adapted vehicle. A suitable vehicle is now being sourced. Date of Completion: 31 March 2019</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The maintenance person has repaired all the chipped paintwork on the noted doorframes. Completed.</li> <li>• The maintenance person will conduct a review of all doorframes each month to ensure any issues with same are addressed. This will be overseen by the PIC and audited at least two monthly. Date of completion of first audit by 28 February 2019.</li> <li>• A cleaning person has been employed for 20 hours per week through the CE scheme since December 2018 to enhance the services' ability to maintain disinfection and</li> </ul>	

decontamination. The Person in Charge will monitor and complete random unannounced checks and record same as part of the PIC service audits.

- All doorframes will be wiped down weekly and all handles and touching surfaces will be cleaned daily. This will be documented in the cleaning folder, overseen by the PIC and audited at least 2 monthly. Date of completion of first audit by 28 February 2019.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All staff participated in simulated lone working night fire drill during Fire Warden training on 7/1/19. Completed
- Simulated night fire drills will be conducted every 14 weeks by staff members as per the Fire Safety Policy. This will be overseen and monitored by the Person in Charge.
- The evacuation plan will be reviewed and amended to correct text errors and made easier to read and understand. This will be reviewed annually or on changes to the service structure by the Person In Charge. Date of Completion: 18 February 2019.
- Service Users are now informed of means of escape during check in at each respite stay. Completed. This will be audited as part of the Person in Charge service audits.
- Our fire services provider company has been contacted for assessment and provision of emergency and evacuation signage required for the service. 18 February 2019.
- Evacuation maps will be amended by the Cheshire Ireland Health and Safety Manager and placed in hotspots throughout the service. Date of Completion: 18 February 2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The Service Agreement has been amended to reflect that the €13 nightly fee paid by guests for their stay covers their food, accommodation, and support and that any activities undertaken outside of the service and participation in the "take out" night are at the guests' own expense. These agreements will be rolled out on a phased basis according to when guests come into the Centre. Completed.
- Personal information pages are reviewed and updated prior to or on arrival to the centre. The Person In Charge will audit and oversee client active folders at least quarterly to ensure there is no gap in information and that where a person has declined to provide information this is recorded. Date of completion of first audit by 28 February 2019.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/03/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/03/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	04/02/2019

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/02/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	18/02/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	18/02/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	04/02/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	18/02/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/02/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector	Not Compliant		30/04/2019

	at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	04/02/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/02/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	28/02/2019